

PATENT NUMBER

## U.S. UTILITY Patent Application

MT

**O.I.P.E.**

PATENT DATE

**SCANNED**

### Q.A.

APPLICATION NO. \_\_\_\_\_

09/997171

**CONT/PRIOR**

F

**CLASS**

604

SUBCLASS

6.09

ART UNIT

~~3763~~  
376

**EXAMINER**

Deaf

## APPLICANTS

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**TITLE**

Blood reservoir

PTO-2040  
12/89

## ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner) (Date)		<b>ISSUE FEE</b>	
Amount Due			Date Paid	
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